

SCC eFile	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213532278				
1.) CORPORATION NAME: <b>Praetorian Insurance Company</b>		DUE DATE: <b>6/30/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM</b> <b>4701 COX RD STE 301</b> <b>GLEN ALLEN, VA</b>		SCC ID NO: <b>F0410631</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED					
COMMON	100,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>PA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">             ADDRESS: WALL STREET PLAZA              88 PINE STREET               CITY/ST/ZIP: NEW YORK, NY 10005           </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: David Duclos TITLE: President/CEO ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: JODIE L BURTNETT TITLE: ASST SECRETARY ADDRESS: ONE GENERAL DRIVE CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: PETER MALONEY TITLE: SECRETARY ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: HARVEY BAZAAR TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: CHRISTOPHER DAVIES TITLE: DIRECTOR ADDRESS: 210 INTERSTATE N PARKWAY, SUITE 400 CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: GREGORY DEAL TITLE: DIRECTOR ADDRESS: 7333 SUNWOOD DRIVE CITY/ST/ZIP/CO: RAMSEY, MN 55303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROD FARRELL DIRECTOR Wall Street Plaza 88 Pine Street NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC METCALF DIRECTOR Wall Street Plaza 88 Pine Street NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN NEAL DIRECTOR Wall Street Plaza 88 Pine Street NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY PRZYBYSZEWSKI DIRECTOR Wall Street Plaza 88 Pine Street NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE SCALA DIRECTOR Wall Street Plaza 88 Pine Street NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Harnett DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Langione DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joanna Colaneri TREASURER Wall Street Plaza 88 Pine Street New York, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JODIE L BURTNETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		JODIE L BURTNETT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	
		7/11/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			